STANDARD CERTIFICATE OF DEATH a. COUNTY Scott b. CITY (If outside inversase liadins, with a RURAL and give township) STAY (in this place) O'R (If Affect township) O'R (If Outside inversase liadins, with a RURAL and give township) INSTITUTION D. CHILL NAME Of (If not in heaptal or institution, give street address or location) INSTITUTION D. CHILD NAME Of (If not in heaptal or institution, give street address or location) INSTITUTION D. COLOR OR RACE INSTITUTION D. COLOR OR RACE No (If It rural, give location) D. COLOR OR RACE No (If It rural, give location) D. COLOR OR RACE No (If It rural, give location) D. CALLED NAME OF a. (First) D. COLOR OR RACE No (If It rural, give location) D. CALLED NAME OF a. (First) D. COLOR OR RACE No (If It rural, give location) D. CALLED NAME OF a. (First) D. CALLED NA	្ត ខ្លីបទីក៏ សេ ស ។	1 A 40EE	THE DIVISION OF HE		and the second s	17425
1. FLACE OF DEATH a. COUNTY S. COTT b. CITY (If builds comparise likely, early and present likely and pre	, וותר חסוא	LU 1900	STANDARD CERTIF	ICATE OF DEA	TH State	_
a. COINTY Scott b. CITY (III contible propose limits, write RURAL and cive correship) TOWN Chaffee d. FULL NAME OF (II cost in bacquial or instituction, give street address or locaulan) NOSHITA (III) NOSHITA (III) NOSHITA (III) NOSHITA (III) NOSHITA (IIII) NOSHITA (IIII) NOSHITA (IIIII) NOSHITA (IIIIII) NOSHITA (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	BIRTH NO		REG. DIST. NO. 328	PRIMARY REG. DIST.	NO.3173 Regist	ror's No. 33
D. CITY (If outside surporate limits, write RURAL and give township) STAY in this place? G. CITY (If outside surporate limits, write RURAL and give township) STAY in this place? G. FULL NAME OF (If on in heaptual or institution, give street address or location) G. FULL NAME OF (If on in heaptual or institution, give street address or location) J. NAME OF OF OFT OFT OFT OFT OFT OFT OFT OFT O						ed. If institution: residence before
TOWN CATTER CONTROL TO	a. COUNTY 5	cott		/ / / / 3 3	ouru .	3 Co 77
NAME OF DECEASED OTH 712 / Spray SEX OF ACCOUNTY OF PINIA OR (PINIS) DECEASED OTH 712 / Spray Spray Spray Sex Of Accounty Of Angel Of	OR pol		JRAL and give township) c. LENGTH OF STAY (in this place)	c. CITY (If outside corp	orate limits, write RURAL an	
(Type or Print) OTh 1921 Spray Column (Type or Print) OTh 1921 NABRIED NEVER MARRIED, No. 15 SEX OR COLOR OR RACE NAME NO. 15 SEX OR COLOR OR RACE NAME NO. 15 SEX OR COLOR OR RACE NAME NO. 15 SEX OR NAME NO. 16 SEX OR NAME	d. FULL NAME OF (I - HOSPITAL OR INSTITUTION	f not in hospital or in	stitution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	8
(Type or Print) OTH 1921 Spray Column of Print) OTH 1921 Spray Column of Print o	NAME OF	a. (First)		c. (Last)	4. DATE	(Month) (Day) (Year)
S. SEX S. COLOR OR RACE 1. MARRIED, NEVER MARRIED, NEVER MARRIED, White of White Modes of the White of the White of the White of the Modes of the White of the	(Type or Print)	Othneil	Spray	Edward	DEATH /	
DAL USUAL OCCUPATION ((Investibled work) 190. KIND OF BUSINES) OR IN- done douby most of working the, went of reduced) (In any of the state of the decided) (In any of the state of the decided) (In any of the state of the	30. 10	4.1	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	1	in last birthday)	Months Days Hours Min.
39. FATHER'S MANE State S	0a. USUAL OCCUPATIO	N (Give kind of work	10b, KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State		12. CITIZEN OF WHA
3.8. ATHER'S NAME Shopping S				Craig.	Ind. 1	
15. MAD DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY IN The many of the date of the content of the c				NAME	14. NAME OF HUSBAND	OR WIFE
No CAUSE OF DEATH CRITER ON DIRECTLY LEADING TO DEATH*(a) ARD ARC DECOMPENSATION MEDICAL CERTIFICATION MIRETRAL SETWE ONSET AND DEATH* ONSET AND DEATH ON	Bloomer	Edward		ivn ;	6TTa GJ	wards
I. DISEASE OR DEATH Cheter only one course per Inside to the control of the course of dying, such the mode of dying, such the above cause (a) stating the the above cause (a) stating the the above cause (a) stating the the mode of dying, such the above cause (a) stating the the	5. WAS DECEASED EVER	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY	" `		AME ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION This does not meen he mode of dying, such a heart follower, eathering the underlying cause last. Morbid conditions, if any, giring DUE TO (b) MYO CARDOSIS, ARTERIOSCIENTS SYR This does not meen he mode of dying, such a heart follower, eathering the underlying cause last. Morbid conditions, if any, giring DUE TO (b) MYO CARDOSIS, ARTERIOSCIENTS SYR This to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS On ADATE OF OPERA- NON TON NON TON The MAJOR FINDINGS OF OPERATION THE ACCIDENT (Bpecity) SUICIDE HOMICIDE NATURE (Bpecity) NON CONSTANT STATE STORY WORK III. ACCIDENT (Bpecity) SUICIDE (More) OF INJURY NON C III. State of the deceased from APRIL 1952 to MAY 1955, that I last saw the decease alive on MAY 17, 1955, and that death occurred at 2:30 m., from the causes and on the date stated above. The ADATE OF CEMENA (REMA) (Bpecity) ASE BURIAL CREMA (ZAD. DATE 1965 NATURE 1965	no				ma Kitche	
*This does not mean he mode of dying, such he mode of dying, such a heat follower, eatherials its: It means the discase (a) stating the underlying cause last. DIE TO (c) II. OTHER SIGNIFICANT CONDITION CARD IO VASCA/AR RENAL COUNTY) 13. ACCIDENT (Breat) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 130. MAJOR FINDINGS OF OPERATION 100. (Breat) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 130. MAJOR FINDINGS OF OPERATION 100. (Breat) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 130. MAJOR FINDINGS OF OPERATION 100. (Breat) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 130. MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 100. THE MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 100. THE MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 100. THE MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 100. THE MAJOR FINDINGS OF OPERATION 100. (COUNTY) (STATE) 1		I DISEASE OF CO	MEDICAL C	ERTIFICATION		INTERVAL BETWEEN
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA-1 Power or Counting of County	the mode of dying, such as heart failure, asthenia, etc. It means the disease, infury, or complica-	the underlying cau	DUE TO (c)	· ^ · . · ·		SC/ERIS -S S YRS
19b. MAJOR FINDINGS OF OPERATION NON 12c. ACCIDENT SUICIDE HOMICIDE NATURE HOMICIDE NATURE 12d. TIME 10d. Time 10	on water coused deata.			10 VASCA /A		SURC?
YES NO NO NO NO NO NO NO N	19a. DATE OF OPERA-1				TO LO SHO	
21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE NOTINE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 10f (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22f. HOW DID INJURY OCCUR	TION			4221		YES NO D
Id. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY NO N & WHILEAT NOT WHILE INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. H	1a. ACCIDENT SUICIDE	(Specify) 2	ome, farm, factogy, street, office bidg., etc.)	21c. (CITY, TOWN, OR	rownship) (CO	
2. I hereby certify that I attended the deceased from APRIL , 1952 to MAY , 1955, that I last saw the decease alive on MAY 17, 1955, and that death occurred at 9:30 Am., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS (23c. DATE SIGNE SIGNATURE) 22c. DATE SIGNE (State) 23c. DATE SIGNE (State) 23c. DATE SIGNE (State) 23c. DATE SIGNE (State) 24c. NAME OF CEMETERY OR CREMATORY (MAY LOCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY (DAY LOCATION (City, town, or county) (State) 25c. TUNERAL DIRECTOR'S SIGNATURE ADDRESS (Company) 25c. STUNERAL DIRECTOR'S SIGNATURE ADDRESS (Company) 25c. TUNERAL DIRECTOR'S SIGNATURE (Compan	Id. TIME (Month)	(Day) (Year) (I	Zour) 21e. INJURY OCCURRED	21r. HOW DID INJURY	OCCUR7	
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May 18 1955 Puxico Puxico Moderna Por Puxico Moderna Por Puxico Moderna Por					//	23c. DATE SIGNEI
TION REMOVAL (Broadly) May 18 1955 Puxico Modern Puxico Modern Registrar's SIGNATURE 4450 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS PLACE Modern Puxico mo	1. J. Y	nool	ach , D. D.2	cha	spee, n	10-15-28-55
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4450 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6-3-5 > REG. New Med Branday For Flage Margan Puxico ma	24a. BURAY. CREMA- TION, REMOVAL (Speedsy)	May 18	1 - · · · · · · · · · · · · · · · · · ·	Y OR CREMATORY		
	DATE REC'D BY LOCAL			25. FUNERAL DIRECT	. / _ / 	ADDRESS
(Liednsed Unbalmer) Statement on Reverse Side)	6-3-5 5-REG.	/nes In	eal Branky Long	Flage	Morgan	Puxico mo
						

DATÉ RECEIVED 6/6/53 SCOTT CO. HEALTH DEFT. M. FILE NA GES-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body wi	dose name is recorded on the reverse side of this	certificate was embalmed by m
		Student Embalmer No
	,	Student Embelder 40

working under my personal supervision.

Student Embalmer

Licensed Embalmer No ... Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.